

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

1

10/530764

FILING DATE

ATTORNEY

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL DEP.		↓	2	↓	3	↓	TOTAL DEP.		↓		↓		↓
TOTAL IND.		←	12	←	17	←	TOTAL IND.		←		←		←
TOTAL CLAIMS			14		21		TOTAL CLAIMS						